

VA Medical Center, Chillicothe, OH

Annual Training for Existing Volunteers

<http://www.chillicothe.va.gov/giving/>

Instructions:

**** Prior to beginning this Training Packet, please review the Safety Orientation; VA Privacy and Information Security Awareness and Rules of Behavior; and, Cyber Security documents.**

1) To ensure we have updated personal information on file, please complete pages 1 and 2 of the volunteer application, VA FORM 10-7055: OP-714 (538). * (This form cannot be saved. It must be printed or all entered information will be lost). *

2) Complete, sign and date pages 1 & 2 (volunteer application sheets), the Volunteer Safety Orientation (page 3), the Certificate of Training (page 4), and the Privacy and Information Security Knowledge Check (Pages 5, 6 & 7).

5) You can mail the Privacy test and signed documents to:

**VA Medical Center
ATTN: Voluntary Service (135)
17273 State Route 104
Chillicothe, OH 45601**

OR, deliver this packet to Chillicothe VA's Voluntary Service, located in the Building 9 auditorium, room 213. Please contact us at 740/773-1141, extension 7420, if you need assistance.



Department of Veterans Affairs

APPLICATION FOR VOLUNTARY SERVICE

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The form is used to assist personnel of both voluntary organizations, which recruit volunteers from their membership, and the VA in the selection, screening and placement of volunteers in the nationwide VA Voluntary Service program. The volunteer program supplements the medical care and treatment of Veteran patients in all VA facilities.

PRIVACY ACT INFORMATION: The information requested on this form is solicited under the authority of 38 U.S.C. 513 and will be used in the selection and placement of potential volunteers in the VA Voluntary Service Program. The information you supply may be disclosed outside VA as permitted by law; possible disclosures include those described in the 'routine uses' identified in the VA system of records 57VA125 Voluntary Service Records-VA, published in the Federal Register in accordance with the Privacy Act of 1974. The routine uses include disclosures: in response to court subpoenas, to report apparent law violations to other Federal, State or local agencies charged with law enforcement responsibilities, to service organizations, employers and Unemployment Compensation Offices to confirm volunteer service, and to congressional offices at the request of the volunteer. Disclosure of the information is voluntary, however, failure to furnish the information will hamper our ability to arrange the most satisfactory assignment for you and the Department of Veterans Affairs.

NAME (Last, First, Middle Initial)		ADDRESS (Street, City, State, Zip Code)		DATE
				DATE OF BIRTH
TELEPHONE NUMBER ()	SOCIAL SECURITY NUMBER		COUNTY:	SEX [] M [] F
ORGANIZATION MEMBERSHIP(S) (Unit, Post, Chapter, if affiliated)		ASSIGNMENT PREFERENCES		
		1. 2. 3.		
E-MAIL ADDRESS (Optional)		EXPERIENCE AND TRAINING (Special skills/Abilities)		
RESTRICTIONS OR LIMITATIONS OF SERVICE (Health concerns, medications, allergies, etc.)			AVAILABILITY (Days and time)	
IN CASE OF EMERGENCY PLEASE CONTACT (Name, Relationship, Phone Number)				
ARE YOU A VETERAN? YES NO		DO YOU RECEIVE YOUR HEALTH CARE AT ANY VAMC? YES NO		
ARE YOU NOW OR HAVE YOU BEEN AN INPATIENT IN A VA FACILITY IN THE PAST 6 MONTHS? YES NO				
ARE YOU CURRENTLY RECEIVING SERVICES AT OR IN THE AREA WHERE YOU WANT TO VOLUNTEER? YES NO				
HAVE YOU PREVIOUSLY VOLUNTEERED AT A VA MEDICAL CENTER? YES NO WHERE/WHEN?				
<p>Monetary Waiver: I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis" for an indefinite period. I understand that this waiver applies only to remuneration (compensation) for specific services rendered in the VA Voluntary Service (VAVS) Program and is not related to any other VA services or benefits to which I may be entitled. (NOTE: VA has entered into this agreement by the authority of 38 U.S.C., Section 513. This agreement may be canceled by either party upon written notice.) I hereby accept the volunteer appointment(s) as outlined above.</p>				
_____ Volunteer's Signature		_____ Date		
STUDENT VOLUNTEERS AND PARENTS/GUARDIANS MUST COMPLETE PAGE 4				
NOTE: COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE VAVS PROGRAM.				
I hereby appoint this applicant as a VA without-compensation employee subject to the provisions on this application. The above individual has been provided basic and assignment-specific orientations which have been documented in the official volunteer folder located in the VA Voluntary Service Office.				
_____ VAVS Program Manager – Appointing Official Signature		_____ Date		

Background Information

NOTE: It is important that you give truthful answers to the following questions. If you answer “YES” to any of them, provide your explanations. **Include** convictions resulting from a plea of nolo contendere (**no contest**). **Omit:** 1) traffic fines of \$100.00 or less; 2) any violation of law committed before your 16th birthday; 3) any violation of law committed before your 18th birthday, if finally decided in juvenile court or under a Youth Offender law; 4) any conviction set aside under the Federal Youth Corrections Act or similar state law; 5) any conviction whose record was expunged under Federal or State law. We will consider the date, facts, and circumstances of each event you list. In most cases you can still be considered for Federal jobs. However, **if you fail to tell the truth or fail to list all relevant events or circumstances**, this may be grounds for not accepting you as a VA volunteer, for terminating your assignment after you begin volunteering, or for criminal prosecution (18 USC 1001).

- 1. Have you **ever** been convicted of, or forfeited collateral for, **any felony violation**? (*Generally, a felony is defined as any violation of law punishable by imprisonment of longer than one year, except for violations called misdemeanors under State law which are punishable by imprisonment of two years or less.*)
- 2. Have you **ever** been convicted of, or forfeited collateral for, **any firearms or explosives violation**?
- 3. Are you **now** under charges for **any** violation of the law or under a restraining order of any type?
- 4. During the **last 10 years** have you forfeited collateral, been convicted, been imprisoned, been on probation or been on parole? Do not include violations reported above.
- 5. Have you **ever** been convicted by a military **court-martial**? If no military service, answer “**NO.**”
- 6. List last previous address:

YES	NO

Street City State Zip Code County

7. If you answered “yes” to any question 1 through 5, please provide the following information:

a. Month and year incident(s) occurred.

b. Where did incident(s) occur? (County, City, State)

c. Was/were incident(s) felony/felonies or misdemeanor(s)? (Circle one)

d. Was time served ? Yes Length of Time Served No

e. Are you currently on probation? Yes Probation Period No

f. Is there any other information you wish to provide concerning incident(s)?

Thank you for your honesty.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

VOLUNTEER SIGNATURE: DATE: (Your signature also serves as consent for the VA to conduct a formal background check/investigation.)

VOLUNTEER SAFETY ORIENTATION

I, the undersigned, hereby confirm that I have received Volunteer Safety Orientation and was provided an information packet to keep for future reference concerning the following topics:

Infection Control
Fire and Safety
Privacy Act
Sexual Harassment
Hazardous Material Management
Equipment and Utilities Management

Furthermore, I understand that intentional violation of these safety standards may result in the termination from the Voluntary Service program.

Signature

Date

***EACH VOLUNTEER MUST SIGN AND RETURN THIS SHEET
FOR INCLUSION IN YOUR TRAINING RECORDS.***

certify that I have completely read and fully understand the material contained in the:

- ☐ VHA Privacy Training for FY2014
- ☐ VA Cyber Security Awareness Training for FY2014

Please complete this document, then submit it to Voluntary Service Secretary to receive credit for your training,

Name: _____

Date: _____

Privacy and Information Security

Knowledge Check

Instructions: Read the question then circle the correct answer:

1. Which of the following actions undermines the goal of ensuring privacy?

- A. A co-worker asks you to release private information to a person waiting in the reception area, but before doing so, you make sure this was authorized.
- B. VA no longer needs some outdated files that contain personal information. The files are shredded and disposed of appropriately.
- C. You believe one of your co-workers may be sick because she has not been looking well. You consider looking at her personnel file, but decide to ask directly if anything is wrong.
- D. You believe a patient is not receiving proper care. You share this person's file with a friend who is not a VA employee to get a second opinion.

2. Which of the following are rule violations that should be reported?

- A. A co-worker sends PII to an outside email address via unencrypted email.
- B. A stranger whose presence you believe to be unauthorized is sitting at a VA computer.
- C. A Veteran's personal medical information is left on a desk, copier or computer screen where unauthorized individuals can see it.
- D. All of the above.

3. Which of the following is not true about VA's commitment to personal privacy?

- A. Information collected from a Veteran is used only for legitimate purposes.
- B. Only authorized personnel within VA have access to personal data.
- C. Supervisors at VA have the authority to disclose personal information at their discretion.
- D. VA communicates openly with Veterans about their personal information.

4. Which of the following best answers this question?

What should you do if you find a document with PII in the trash?

- A. Review it to see what is in it.
- B. Share it with your co-workers.
- C. Shred it so no one sees the information.
- D. Give it to your privacy officer.

5. Appropriate methods of disposing protected records include all of the following except:

- A. Transferring records to an approved storage facility.
- B. Placing records in the dumpster.
- C. Transferring records to the National Archives.
- D. Destroying records using approved procedures.

6. Which of the following are secure password practices?

- A. Using uppercase, lowercase, numbers and special characters.
- B. Using words found in a dictionary.
- C. Using names, birthdays or locations.
- D. Using Social Security or license plate numbers.

7. Someone just sent me an email with a really funny video in it. My friend who works for the State Department would get a good laugh from this one. I think it would be okay to send it to her from my VA email account.

- A. It is not okay to send the video. Don't send anything which could compromise systems within the VA or elsewhere using your VA email account.
- B. It is not okay to send the video because the State Department computers might not have the correct software to open it.
- C. It is okay to send the video as long as there is no possibility of a virus being attached to it.
- D. It is okay to send the video as long as the file size is under 5MB.

8. What should you do if you receive an email attachment from someone you don't know?

- A. Open the attachment if the subject line seems harmless.
- B. Reply to the email and ask for more information.
- C. Do not open the attachment.
- D. Open the attachment if your virus software doesn't tell you not to.

9. Practices that contribute to secure laptop use include:

- A. Encrypting the hard drive.
- B. Ensuring that the systems administrator is keeping the laptop updated.
- C. Keeping the laptop protected while traveling.
- D. All of the above.

10. A person just called me and said he was a computer technician. He said that there was an issue with my account and he wanted to verify my user name and password. When I refused to give him my password, he insisted I give it to him since he was authorized to receive it. Should I have given it to him?

- A. No, it is not okay to give your password. Make sure you report the incident to your ISO.
- B. Yes, it is okay to give your password as long as you confirm the person is a VA employee.
- C. Yes, it is okay to give your password because the person on the phone said he was authorized to receive it.
- D. No, it is not okay to give your password over the phone. You can send it by email.

11. Which of the following is considered inappropriate use of government resources?

- A. Running a side business.
- B. Applying for a VA job during your lunch time.
- C. Gambling.
- D. Visiting a news website during a break.
- E. Choices A and C.
- F. Choices B and D.

12. Which of the following are appropriate security steps to take when working remotely?

- A. Not sharing sensitive VA data with any unauthorized individual outside of VA.
- B. Obtaining your supervisor's permission to work remotely.
- C. Not sharing your username and password.
- D. Not storing VA sensitive data on your system without appropriate approvals and encryption.
- E. All of the above.

13. Software specifically designed to damage, corrupt and disrupt a computer or network is known as:

- A. My favorites.
- B. Malicious software or "malware".
- C. Junk mail
- D. Spam

14. If you think your computer is infected with a virus, you should tell:

- A. Your computer manufacturer.
- B. Your Information Security Officer (ISO) and your supervisor.
- C. Acme Virus Protection, Inc.
- D. Your friends.
- E. None of the above.

15. Which of these are recommended practices for data backups and their importance?

- A. Store files in a single location on a mapped network drive.
- B. Your data should be backed up on a regular basis.
- C. If you are not sure that your backups are occurring regularly, contact your ISO or IT staff.
- D. All of the above.

16. Which of the following is considered an information security incident?

- A. Sitting at a VA computer is a stranger whose presence you believe to be unauthorized.
- B. A Veteran's personal medical information is left unattended on a desk, a copier or a computer screen where unauthorized individuals can see it.
- C. A co-worker sends a patient's sensitive personal information (such as a combination of a full name and Social Security Number or account number) to an outside email address – even if it is the patient's personal physician – via unencrypted email.
- D. You discover an open box with reams of computer printouts containing sensitive personal information standing unattended by a dumpster.
- E. All of the above.

17. If you think a computer security incident has occurred, you should:

- A. Ask your friend down the hall what to do.
- B. Gather all the information you can and report it to your ISO and PO.
- C. Contact the local media.
- D. All of the above.